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ABSTRACT

A sample of 54 health administration education programs were examined to identify and analyze current practices in field experience programs. The six primary areas investigated include: (1) the prevalence of field experience requirements; (2) the objectives and characteristics of field experience components; (3) the experiences encountered in implementing field experience programs; (4) the perceived need for a field experience requirement; (5) the identification of guidelines for adjusting field experience requirements for experienced students; and (6) the recommended designs for field experiences. The field experiences offered by the various programs were identified as either short term practicums or more lengthy residencies. The objectives and requirements of both the practicum and residency experiences are described and tabulated. The importance of selecting an appropriate facility to use for the programs is emphasized. Results indicate that the most commonly used facility was the acute care hospital. Problems encountered during field experience programs are discussed including: lack of qualified preceptors, difficulties in evaluating the experience, lack of financial assistance, difficulties in lack of adequate supervision, insufficient assignment of job responsibilities, and difficulty in traveling to the site. In comparing the field experience component to academic work done in the classroom, 15 percent of the respondents indicated that it was the most important part of the program. (SF)

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THE VALUE OF FIELD EXPERIENCE IN EDUCATION FOR HEALTH CARE ADMINISTRATION

by

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THE VALUE OF FIELD EXPERIENCE IN EDUCATION FOR HEALTH CARE ADMINISTRATION

I. Introduction

The field experience provided in some degree programs has been viewed as a highly valuable component of an academic curriculum in the United States. Such practical training has been recommended for inclusion in the preparation of long term care administrators prior to licensure. According to the conclusions reached by the Association of University Programs in Health Administration (AUPHA) representing educational programs in health administration, the American College of Nursing Home Administrators (ACNHA) representing professional long term care administrators, and the National Association of Boards of Examiners for Nursing Home Administrators (NAB) representing licensure boards for this professional field, there is a significant value gained through such a clinical educational experience.[1] In the promulgation of the Guidelines for a Clinical/Administrator-in-Training Experience in a Long Term Care Facility, these groups assumed the following position:

> ...proficiency in the management of a long term care facility required basic academic preparation coupled with practical "on-the-job" experience. Given the differences between long term care and other facets of the health care system, the variety of services provided in the long term care facility and the integrative function of the Administrator, an integral part of the educational preparation of the individual entering the field should be a clinical experience. This experience will, in effect, provide a "laboratory" where the student will have the opportunity to learn first hand, about the practice of administration in a long term care setting.[2]

However, as with most subjects, there are conflicting opinions as to the value of a field experience as a component part of an educational curriculum. Research on the education of health administrators conducted by Austin,[3] and Schultz and Gustafson[4] suggests that field experiences have not lived up to their promise. Their findings reveal that:

> [field experiences] certainly do help to reduce culture shock

> and reinforce attitudes, but often the attitudes that get reinforced are exactly the ones that the educational system is attempting to overcome...
>
> Problematic as this may be, it is not irreversible. Attitudes created by field experience (good or bad) are continually being refined and reshaped in the face of new experiences. The effect of field experiences on a student's base of theory is much more lasting.[5]

From the findings reported in this study, it is difficult to discount the value of a positive field experience. Furthermore, despite their lack of enthusiasm in the adoption of a field-oriented curriculum, these researchers, too, conclude that:

> ...it is important to use field experience in moderation... For the present and near future, field experience is very much needed to supplement incompletely developed education programs.[6]

Thus, on the basis of past research and a review of the literature, most conclusions support the value of exposing students to real life situations during the course of their study. The minority opinions suggesting a negative impact caused by field experiences do not appear to be based on strong objective evidence. At best, such reports appear inconclusive and largely predicated on individual, personal experiences.

On the other hand, no contention should be made that no problems are associated with on-the-job training. Field experiences are labor-intensive and often time-consuming. Furthermore, there are only a limited number of quality training sites. However, no aspect of the educational system is ideal. The strength of any model is in its adaptability and the selection of the most valuable components available from within. Just as failures exist within theoretical approaches, the same is likely to occur within more practical, realistic efforts. It is the opportunity to witness theory in practice as well as learn its limits that is afforded by field experiences.

In other words, just as theories are not perfect, neither are the institutions in which they must at some time be evaluated.

Arguments suggesting that field experiences damage or risk destruction of theory transmission have not been justified. Furthermore, a theoretical understanding of a concept allows for its practical application. Students require a theoretical base of information and understanding from which to launch their administrative capabilities. A field experience offers the administrator-in-training the practical, real life opportunity to begin to use and adapt from his/her foundation of knowledge and to apply his/her skills to actual clinical situations. The value of any theory is in the practitioner's ability to correctly select and to appropriately apply one or more of its components. A field experience affords the opportunity, albeit imperfect, to expand the classroom into a more authentic learning environment not unlike that for which he/she is being trained to administor.

II. Objectives

Despite differences in opinions, there is little question about the lack of available data pertaining to the relative value of field experience training as an integral component of an undergraduate curriculum in health administration. Therefore, prior to the final design and implementation of additional field experience programs, whether they are similar or dissimilar from those in existence, an evaluation of current ones was indicated.

In 1976, the Long Term Care Education Unit of the Graduate School of Public Health, University of Pittsburgh as part of their service activities to the field of long term care, commenced an analysis of existing baccalaureate level health programs which included a field experience in their curriculum. Through the cooperation of the Office of Long Term Care,

Association of University Programs in Health Administration and Dr. Sue Gordon, Center for Allied Social Science, Boston University sixty-two programs were asked to provide information on their field experience practices.

The general objectives of the analytical study was the identification and analysis of current practices in existing field experience training programs and a collection and evaluation of the opinions of their directors pertaining thereto. The six primary areas investigated included:

(1) the current prevalence of field experience requirements;
(2) the objectives and characteristics of field experience components;
(3) the experiences encountered in implementing field experience programs;
(4) the perceived need for a field experience requirement;
(5) the identification of guidelines for adjusting field experience requirements for experienced students;
(6) the recommended designs for field experiences.

III. Results

Of the sixty-two health administration programs originally considered for inclusion in the study, eight were excluded after finding that they were either being phased out of operation or found to be in too early a stage of development. Thus, the actual total sample size was fifty-four. Of this group, responses were received from thirty-six yielding a response rate of 66.7 percent. However, one of the respondents did not complete the questionnaire, but only forwarded literature describing his particular programs. The analysis which follows is based on both the data collected from the thirty-five completed questionnaires and, where possible, the information included in the set of descriptive materials provided by the one program.

(1) Prevalence of Field Experience Requirements

Field experiences offered by the various programs commonly were identified

as being organized through a short term "practicum" experience or a more lengthy "residency" period. Table 1 illustrates the prevalence of both approaches. Of the thirty-six respondents, eighteen identified their programs as offering only a practicum-type experience; twelve provided only a residency-type experience; and six reported that there was no field experience within their curriculum. Included in the more detailed analyses which follow are data from one program that has both a residency and a practicum requirement.

Programs Not Offering Field Experience

The programs that offered no field experience generally described themselves as traditional (rather than non-traditional/external). Three were from public and three were from private institutions. These six schools appeared to have a more experienced student body compared to institutions providing field experience programs. There was also a higher percentage of part-time students attending these six schools which had no required field training.

Table 2 shows a detailed breakdown of students enrolled in the six programs having no requirement for a field experience, with respect to prior experience in health services administration before entering the degree-oriented process. As the data show the majority of students enrolled in these programs are attending school on a part-time basis, and exhibit considerably more prior career experience working in the field.

Programs Offering Field Experience Through Practicums

Of the eighteen programs including a practicum requirement, seventeen identified themselves as offering a traditional health administration degree program and one served primarily part-time students on a non-degree basis in preparation for state licensure boards. Fourteen of the programs were

Table 1. Prevalence And Types Of Field Experience

TOTAL	TYPE AND PREVALENCE OF FIELD EXPERIENCE		
	PRACTICUM	RESIDENCY	NONE
36	18 (50.0)	12 (33.4)	6 (16.6)

Table 2. Prior Experience In Health Services Administration Among Student Population Of Programs Having No Field Experience Requirement

ENROLLMENT STATUS	YEARS OF PRIOR EXPERIENCE	HA PROGRAMS WITH NO FIELD EXPERIENCE					
		NUMBER OF STUDENTS IN EACH PROGRAM					
		1	2	3	4	5	6
FULL TIME	None	5	2	50	--	5	--
	1 - 5 years	7	15	--	--	5	15
	6 or more	--	--	20	40	--	20
PART TIME	None	3	2	10	--	--	--
	1 - 5 years	40	3	80	--	10	--
	6 or more	7	3	120	--	10	--
TOTAL		62	25	280	40	30	35

offered through public institutions; three through private ones. One institution failed to supply this information.

Table 3 provides a more detailed analysis of the students enrolled in fifteen of these eighteen programs. Responses were not obtained from the remaining three programs in this category.

Programs Offering Field Experience Through Residencies

All of the twelve programs offering a residency-type field experience were of a traditional baccalaureate degree nature. Seven programs were in public institutions, four were privately based and one was not identified.

Table 4 shows the number of students by enrollment status and prior experience in each of the twelve programs which offer residencies as their only type of field experience requirement. The majority of students enrolled in these twelve programs had no field experience prior to entering their respective programs in health administration. Most were enrolled on a full-time status.

(2) Objectives And Characteristics Of Field Experience Components

Respondents identified the type of field experience provided within their respective programs and described the objectives and requirements related thereto. In the field of education there are many terms used to define field experience. However, the two most common references in education for health administration are practicum and residency. Thus, these were the two terms utilized in this survey to determine the availability of different types of field experience used in health administration programs.

It was not unanticipated that findings revealed that the use of the two terms differed among programs. The equivalent experience identified in one program as a practicum was viewed as a residency by another. In general, the distinguishing characteristic between the two types was their duration,

Table 3. Prior Experience In Health Services Administration Among Student Population Of Programs Having A "Practicum" Field Experience Requirement

ENROLLMENT STATUS	YEARS OF PRIOR EXPERIENCE	HA PROGRAMS WITH PRACTICUM REQUIREMENT														
		NUMBER OF STUDENTS IN EACH PROGRAM														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
FULL TIME	None	--	5	17	--	7	--	6	12	4	79	60	39	12	100	6
	1 - 5 years	28	10	--	--	3	5	2	11	8	10	--	6	3	25	4
	6 or more years	7	10	--	--	--	--	--	3	--	1	--	2	--	--	--
PART TIME	None	--	3	--	--	--	--	--	1	2	2	--	--	5	--	25
	1 - 5 years	8	--	--	30	2	5	--	1	2	13	40	4	11	--	35
	6 or more years	--	2	--	10	--	--	--	3	2	--	--	2	6	--	15
TOTAL		43	30	17	40	12	10	8	31	18	105	100	53	37	125	85

Table 4. Prior Experience In Health Services Administration Among Student Population Of Programs Having A "Residency" Field Experience Requirement

ENROLLMENT STATUS	YEARS OF PRIOR EXPERIENCE	HA PROGRAMS WITH RESIDENCY REQUIREMENT											
		NUMBER OF STUDENTS IN EACH PROGRAM											
		1	2	3	4	5	6	7	8	9	10	11	12
FULL TIME	None	55	45	93	18	15	34	50	50	17	39	45	--
	1 - 5 years	5	20	1	--	5	3	10	--	--	6	--	20
	6 or more years	--	5	--	--	--	--	--	--	--	2	--	5
PART TIME	None	30	--	3	1	--	1	--	--	--	--	--	--
	1 - 5 years	3	--	1	--	--	2	--	--	1	4	--	10
	6 or more years	2	--	--	--	--	--	--	--	--	2	--	20
TOTAL		95	70	98	19	20	40	60	50	18	53	45	55

or length. The mean number of work hours comprising a practicum was 471 as compared to 640 in a residency.

With respect to the analyses conducted in this study, the two terms (i.e., the practicum and the residency) were used in the same way as they were identified by each respective program director. In most instances, the "appropriate" reference was clearly identifiable and tabulated accordingly.

Description of Practicums

In their identification of objectives, program directors cited more than sixty purposes served by the practicum component of baccalaureate health administration curricula. However, the degree of specificity exhibited in these objectives ranged over a very wide spectrum from the general (e.g., to acquire field experiences) to the specific (e.g., to be able to evaluate a client record).

On analysis of the objectives, similar groupings appeared to emerge permitting the synthesis of individual categorical lists. Findings revealed twenty-four objectives related to the acquisition of experience and new skills; twenty-three related to the acquisition of new knowledge or a better understanding of present knowledge; six related to the application of theory; four related to the development of an appreciation of the health care institution and its administrator; three related to the development of professionalism; and two related to the identification of areas in which students need further development. One program had objectives related specifically to the goals of individual students. The specific objectives for practicums, as identified by the program directors, are cited in Appendix A-1.

Thirteen of the eighteen programs offering practicums did not provide any monetary reimbursement for students; one program offered student support; and two programs provided reimbursement if available from the placement agency.

The amount of credits awarded for practicums varied. Of the eighteen programs, six assigned from one to three credits; six assigned from four to six credits; two assigned more than six credits; and four did not state the number of credits assigned to their practicums. Although the mean number of practicum working hours was 471, representing between eleven and twelve work weeks, the range varied from ninety-six to 1,440 hours.

In addition to their on-the-job experience, students had to fulfill other requirements. The following required practicum activities were identified:

(a) written reports on activities, required by eight programs;
(b) maintenance of a log or journal, required by four;
(c) attendance at on-campus seminars and conferences, required by four;
(d) completion of a major project within the institution, required by four;
(e) attendance at professional events and meetings, required by two;
(f) completion of a research paper, required by one.

Student assessment by preceptors constituted the major method for evaluating student performance. While this method was used by twelve of the eighteen programs, most adopted some combination of both a preceptor evaluation and a personal self-assessment by the student.

Evaluation of the willingness of the program directors to make adjustments for students who had prior experience produced no clear trends from the limited data collected. Of the eighteen practicums, adjustment for prior field experience was authorized by nine. Alternatives ranged from either waiving or shortening the length of the required practicum, to simply placing students in a different type of setting from the one in which their earlier experience was gained.

Description Of Residencies

As noted, there are less programs with a residency requirement than there are programs with a practicum requisite. Analysis of specific objectives cited for the mandated residencies reveals many similarities, if not duplications, with those identified for practicums. The list of residency objectives (see Appendix A-2), may be categorized into smaller groups similar to the grouping of practicum objectives. Such a synthesis shows that of the twenty-five objectives cited for residencies, seven relate to acquisition of experience and/or new skills; six relate to the acquisition of new knowledge or a greater understanding of present knowledge; five relate to assistance in the application of theory; three relate to the development of professionalism; two relate to student assistance in determining whether health administration truly is the career of choice; one relates to the development of student appreciation of the health care institution and administrator; and, finally, one relates to the identification of areas in which students need further development. Table 5 summarizes the comparison of the grouping of objectives for practicums and residencies.

Of the twelve residency programs, four routinely provided monetary reimbursements to student residents and a fifth offered them if available from placement agencies.

Eight programs assigned more than six credits for the residency experience and four gave between four and six credits for it. The mean number of working hours in residency periods was 640 which constituted about sixteen full work weeks. The variation, or range, of hours in residencies was not as wide as that in practicums; the total hours ranged from 480 to 1,280.

Table 5. Types Of Objectives For Practicums And Residencies*

GROUP OF OBJECTIVES	PRACTICUM (N=62)	RESIDENCY (N=25)
Acquisition Of Experience/New Skills	24 (38.7)	7 (28.0)
Acquisition Of New Knowledge Or A Greater Understanding Of Present Knowledge	23 (37.1)	6 (24.0)
Assistance In The Application Of Theory	6 (9.7)	5 (20.0)
Affective Development	4 (6.5)	1 (4.0)
Development Of Professionalism	3 (4.8)	3 (12.0)
Assistance To Students In Career Planning	--	2 (8.0)
Diagnosis Of Knowledge And Skills	2 (3.2)	1 (4.0)
TOTAL NUMBER OF OBJECTIVES	62 (100.0)	25 (100.0)

*Percentages shown reflect the number of responses of program directors of practicums and residencies respectively who cited objectives for the field experience components using the total number of objectives in each category as the denominator.

Requirements, in addition to the actual completion of the administrative residency, were found to be very similar to those associated with practicums. Three-quarters of the programs required a written report by students in which they described their field experience. The methods of student evaluation also closely resembled those used in the assessment of the practicum experiences.

In contrast to the relatively frequent acceptance of alternatives for practicum requirements, since 1975 less than 20 percent of the programs requiring residencies have granted adjustments or waivers for prior work experience. This suggests that of the two types of field experiences, there appears to be a significantly higher value placed on the benefits afforded by the lengthier residency program.

However, regardless of the importance placed on the completion of the residency experience, there appears to be a considerable overlap of objectives and content between them and practicums. Analysis of data suggests that not only do program directors favor residencies over practicums, but there is a clearer consensus as to what should constitute the former and on the lengthier time necessary to meet their respective objectives. The fact that more health administration programs include practicums than residencies appeared to be largely a factor of the tight time constraints resulting from demanding curricula and course work requirements that must be completed in a limited period of time.

(3) The Experiences Encountered In Implementing Field Experience Programs

The directors of the health administration programs were asked about their experiences in implementing their respective field experience. Replies indicated that certain factors associated with the selection of placements were important. Those most frequently mentioned included:

(a) the types of facilities utilized as placements;

(b) the types of facilities most likely to offer financial assistance;

(c) the types of experiences to which students most frequently are exposed;

(d) the individual who had the responsibility for arranging placements.

Additional factors cited were the problems encountered in instituting field experiences, and the advantages of field experiences as perceived by students.

For both practicums and residencies the factors considered to be most important were student interest, present knowledge, and skill competencies. Other factors, recognized as important by more than 50 percent of the directors of practicum programs were the relevancy of competencies that can be acquired and the qualifications of the preceptor at the placement.

In addition, half of the directors of residency programs stressed the importance of the type of facility in the selection of placements. The factors found to have the least importance in the selection of field experience sites included the financial assistance offered by the field placement, its location, and its organizational/administrative structure (see Table 6).

The most common facility used for both practicums and residencies was acute care hospitals. Somewhat unexpectedly, long term care institutions provided the second largest source of on-the-job training, particularly for practicums. Utilization of all other types of placements, with the exception of health planning agencies, was much less common. Whether students' low utilization of other types of facilities/agencies was due to their general lack of interest, or to the greater availability of acute care facilities, or to the realization that most health administration programs are

Table 6. Most Important Factors in Selecting Field Placements*

FACTORS	PRACTICUM (N=50)	RESIDENCY (N=31)
Student Interest, Present Knowledge, And Skill Competencies	13 (26.0)	6 (19.4)
Qualifications Of Preceptor At The Field Placement	12 (24.0)	5 (16.1)
Relevancy Of Competencies That Can Be Acquired At Field Placement	9 (18.0)	5 (16.1)
Type Of Field Placement (Facility)	6 (12.0)	6 (19.4)
Organizational/Administrative Structure Of Field Placement	5 (10.0)	2 (6.4)
Location Of Field Placement	3 (6.0)	4 (12.9)
Financial Assistance Provided By Placement	2 (4.0)	3 (9.7)
TOTAL NUMBER OF FACTORS	50 (100.0)	31 (100.0)

*Percentages shown reflect the number of responses of program directors of practicums and residencies respectively who cited any major factor using the total number of factors in each category as the denominator.

geared strongly towards the preparation of hospital administrators was not evident from this study.

The findings do point to a major conclusion, that health manpower training programs need to broaden their focus and stimulate student interest, skills, and knowledge of the health care system beyond their traditional hospital orientation. Such efforts can be achieved through the adoption of a generic health care curriculum and/or through the development of more special tracks. A summary of the more frequently selected field placement sites is shown in Table 7.

Few agencies provide financial reimbursement for the services performed by students during their field placements. Acute care hospitals more commonly offered financial assistance to students during both practicums and residencies.

Many students, particularly those completing their field experiences on a full-time basis, are in greater need of assistance than those pursuing their education on a part-time basis. Many part-time students are employed on a full-time basis and are not as dependent on placements offering financial benefits.

Table 8 shows those agencies used as field placements for health administration students and from which financial assistance was available for practicums and residencies.

Both practicums and residencies most frequently exposed students to institutional management and executive functions. The specific duties and tasks involved, however, were not available (see Table 9).

Guidelines proposed by AUPHA for Administrator-in-Training programs recommended that a specific faculty member should be responsible for administrating the field experience. Findings from this study indicated widespread

Table 7. Most Frequently Selected Field Placement Sites For Practicums And Residencies*

PLACEMENT SITFS	PRACTICUM (N=40)	RESIDENCY (N=27)
Acute Care Hospitals	11 (27.5)	10 (37.0)
Long Term Care Institutions	9 (22.5)	4 (14.9)
Health Planning Agencies	5 (12.5)	5 (18.5)
Area Agencies On Aging	4 (10.0)	1 (3.7)
Health Departments	3 (7.5)	2 (7.4)
Clinics	3 (7.5)	--
Health Maintenance Organization	2 (5.0)	--
Community Mental Health Centers	1 (2.5)	2 (7.4)
Veteran's Hospitals	1 (2.5)	2 (7.4)
Home Health Agencies	1 (2.5)	--
Mental Hospitals	--	1 (3.7)
TOTAL PLACEMENT SITES	40 (100.0)	27 (100.0)

*Percentages shown reflect the responses of program directors of practicums and residencies respectively who cited particular types of commonly selected placements using the total number of sites in each respective category as the denominator.

Table 8. Agencies Offering Financial Assistance To Students*

TYPE OF FIELD PLACEMENT	AGENCY ASSISTANCE DURING PRACTICUM** (N=13)	AGENCY ASSISTANCE DURING RESIDENCY (N=14)
Acute Care Hospitals	6 (46.2)	4 (28.6)
Clinics	2 (15.4)	1 (7.1)
Health Departments	2 (15.4)	1 (7.1)
Long Term Care Institutions	1 (7.7)	2 (14.3)
Health Planning Agencies	1 (7.7)	2 (14.3)
Veteran's Hospitals	1 (7.6)	2 (14.3)
Mental Hospitals	--	2 (14.3)
TOTAL TYPES OF AGENCIES	13 (100.0)	14 (100.0)

* Percentages shown reflect the responses of program directors of practicums and residencies respectively who cited a particular type of agency which offered financial assistance to students using the total number of agencies utilized in each category as the denominator.

** Since not all directors identified any agency that served as a field placement for practicums, the total number of field placements were less than the number of programs offering practicums.

Table 9. Types Of Experiences To Which Students Most Frequently Are Exposed*

TYPE OF EXPERIENCE	PRACTICUM (N=18)	RESIDENCY (N=12)
Institutional Management	10 (55.5)	4 (33.4)
Executive Functions	3 (16.7)	3 (25.0)
Program Management	1 (5.6)	1 (8.3)
Agency Management	--	1 (8.3)
Total Program Planning	--	2 (16.7)
No Response	4 (22.2)	1 (8.3)

*Program director of practicums and residencies respectively were limited to citing only the single most common experience to which students in each respective program were exposed. The percentages shown reflect the number of program directors of practicums and residencies respectively who cited the most common type of administrative experience gained by students in that particular program using the total number of directors in each category as the denominator.

concurrence among program directors who agreed with this policy for both practicums and residencies. However, approximately 50 percent responded that the responsibility should be shared by the faculty member with some other person (usually the student or program director) in arranging both practicums and residencies.

Program directors identified a variety of problems in implementing the field experience requirement. Most common among the problems of implementation were (1) the lack of qualified preceptors; (2) the inability to

obtain financial assistance for students from the agencies serving as field placement sites; and (3) difficulties in evaluating the field experience. A more detailed description of these and other problems related to implementing field experience opportunities for students is shown in Table 10.

Additionally, program directors were asked to identify any problems encountered by students during their field experience. For practicums, the most common problem identified by the eighteen directors was the lack of adequate supervision. For residencies, the most frequent problems cited by the twelve directors were insufficient assignment of job responsibilities and difficulty in travel or relocation to the site. These findings are summarized in Table 11. Both Tables 10 and 11 indicate that there was relative consensus among program directors in identifying the most important problems associated with implementing and conducting practicums and residencies.

(4) The Perceived Needs (and Advantages) of Field Experiences

Despite the multiple problems encountered during the establishment and maintenance of field experience programs, students perceived them to be advantageous. The most frequent positive response by students for practicums was that they provided opportunities to apply academic knowledge and skills acquired in the classroom. With respect to residency experiences, they suggested that they gained knowledge, understanding, and skills not available in the academic program. These findings are outlined in Table 12.

A number of positive results (as shown in Table 12) can accrue from the field experience. On the other hand, Gustafson et al.[7] note potential negative results (e.g., development of negative attitudes) can occur as well. In recognition of this dilemma, respondents were asked to assess the necessity of the field experience component of their academic program.

Table 10. Problems Encountered During The Implementation Of Field Experiences*

PROBLEM	ENCOUNTERED DURING PRACTICUM IMPLEMENTATION (N=18)	ENCOUNTERED DURING RESIDENCY IMPLEMENTATION (N=12)
Lack Of Qualified Preceptors	4 (22.2)	2 (16.7)
Inability To Obtain Financial Assistance From Placement Agencies	4 (22.2)	3 (25.0)
Difficulty In Evaluating The Field Experience	4 (22.2)	2 (16.7)
Lack Of Sufficient Placement Facilities	2 (11.1)	1 (8.3)
Other Responses (all different)	1 (5.6)	3 (25.0)
No Response	3 (16.7)	1 (8.3)

*The percentages shown reflect the number of program directors of practicums and residencies respectively who cited particular problems encountered during their implementation of field placement opportunities using the total number of directors in each category as the denominator.

Table 11. Problems Encountered In Programs With Field Experience Since June 1975*

PROBLEM	ENCOUNTERED DURING PRACTICUM (N=27)	ENCOUNTERED DURING RESIDENCY (N=24)
Lack Of Adequate Supervision	11 (40.8)	4 (16.7)
Lack Of Financial Payment	4 (14.8)	4 (16.7)
Insufficient Assignment Of Job Responsibilities	4 (14.8)	5 (20.8)
Difficulty In Travel Or Relocation To The Site	3 (11.1)	5 (20.8)
Fulfilling Time Requirements	3 (11.1)	--
Placement In Facility Unrelated To Students Career Plans	1 (3.7)	3 (12.5)
Difficulty In Being Accepted By Other Workers	1 (3.7)	1 (4.2)
Assignment Of Too Many Job Responsibilities	--	2 (8.3)
TOTAL PROBLEMS	27 (100.0)	24 (100.0)

*All program directors were asked to identify up to three major problems encountered by their students during their field experiences. The percentages shown reflect the responses of program directors of practicums and residencies respectively who cited particular problems encountered during field experiences using the total number of responses in each category as the denominator.

Table 12. Advantages Of Field Experience Opportunities, As Preceived By Students*

ADVANTAGE	PRACTICUM (N=18)	RESIDENCY (N=12)
Opportunity To Apply Academic Knowledge And Skills Acquired In The Classroom	8 (44.4)	1 (8.3)
Opportunity To Gain Knowledge, Understanding, And Skills Not Available In The Academic Program	6 (33.3)	8 (66.7)
Assistance In Career Planning	3 (16.7)	2 (16.7)
No Response	1 (5.6)	1 (8.3)

*The percentages shown reflect the number of program directors of practicums and residencies respectively who cited advantages of field experiences as perceived by their students using the total number of directors in each category as the denominator.

In comparing the field experience component to academic work done in the classroom nearly one-half (48.6 percent) felt it was a valuable educational experience of equal importance to academic work. Nearly 15 percent of the respondents indicated that it was the most important part of the program and about one-tenth (11.4 percent) suggested that it was less important.

(5) The Identification of Guidelines For Adjusting Field Experience Requirements For Experienced Students

Respondents were asked to indicate their agreement or disagreement with certain statements about the applicability of the field experience requirement and whether it should be adjusted for special circumstances. Over two-thirds felt that the field experience requirement was a necessary component of both baccalaureate and master's level programs in health services adminis-

tration. Nearly two-thirds favored assessing a student's prior administrative experience to determine whether it justified shortening the length of the field experience without compromising its benefits.

However, in regard to assessing the experience of students previously employed in a non-administrative position within the health services field, only about one-third were in favor of shortening the field experience component. When asked about the feasibility of fully eliminating the field experience requirement regardless of the prior experience of students, only about 20 percent supported such a move and slightly more than 40 percent were opposed.

Thus, the overall dominant attitude was that the field experience is necessary for both baccalaureate and masters' programs; and the length may be legitmately shortened if a student has had prior administrative experience in health services administration; however, it should not be eliminated (see Table 13).

(6) The Recommended Designs for Field Experiences

As may be expected from the variety of types of placement sites and the various needs and career interests of students, field experiences may differ on a number of dimensions. Differences may exist with respect to where students are placed for their field experience, what they are assigned to do, where within the facility they are based (i.e., in which office or position, or specific location) and the point in their academic program when they participate in field experiences, among others.

The thirty-five program directors who provided information on their practices and problems were asked to consider various options relating to the design of a field experience component in a curriculum regardless of whether one currently existed in their program. They were asked to rate the most valuable

Table 13. Assessment Of The Need For A Field Experience*

STATEMENT	OPTIONS (N=35)					
	STRONGLY AGREE	AGREE	NO OPINION	DISAGREE	STRONGLY DISAGREE	NO RESPONSE
A field experience requirement is a necessary component of a baccalaureate level health services administration program.	24 (68.5)	2 (5.7)	1 (2.9)	--	--	8 (22.9)
A field experience requirement is a necessary component of a master's level health services administration program.	23 (65.7)	4 (11.4)	--	--	--	8 (22.9)
If a student has been previously employed in an administrative position in the health services administration field, assessment of the experience should be made to determine if the length of the field experience requirement should be legitimately shortened.	11 (31.4)	11 (31.4)	--	1 (2.9)	3 (8.6)	9 (25.7)
If a student previously has been employed in a non-administrative position in the health services administration field, assessment of the experience should be made to determine if the length of the field experience requirement should be legitmately shortened.	3 (8.5)	8 (22.9)	--	10 (28.6)	5 (14.3)	9 (25.7)
Regardless of the number of years of experience a student in a baccalaureate program has had in the health services administration field, in an administrative or non-administrative position, the field experience component should not be eliminated.	10 (28.6)	5 (14.3)	3 (8.6)	6 (17.1)	2 (5.7)	9 (25.7)

*The percentages shown reflect the number of program directors who responded to the individual statements shown above using the total number of respondents to the questionnaire as the denominator. Note that the thirty-five responses shown include those from five program directors whose programs do not include a field experience. The thirty-sixth respondent did not complete the questionnaire and therefore was excluded.

placement arrangement. More than 54 percent indicated that the most value could be obtained by placing students in one health facility for their entire field experience as opposed to rotation among a number of health facilities either the same or different in kind; 14.3 percent suggested that they rotate among a number of different kinds of health care organizations to receive the most benefit; and 8.6 percent recommended they rotate among a number of different health facilities of the same kind (see Table 14).

Table 14. Relative Value Of Where Students Are Placed In The Field Placement*

TYPE OF PLACEMENT	VALUE OF PLACEMENT (N=35)			
	MOST VALUABLE	MODERATELY VALUABLE	LEAST VALUABLE	NO RESPONSE
Placement In One Health Facility For Entire Field Experience	19 (54.3)	1 (2.9)	4 (11.4)	11 (31.4)
Rotation Among A Number Of Different Kinds Of Health Care Organizations	5 (14.3)	11 (31.4)	7 (20.0)	12 (34.3)
Rotation Among A Number Of Different Health Facilities Of The Same Kind	3 (8.6)	9 (25.7)	10 (28.6)	13 (37.1)

*The percentages shown reflect the number of program directors who rated the relative value of where students are placed in their field placements using the total number of respondents to the questionnaire as the denominator. Note that the thirty-five responses shown include those from five program directors whose programs do not include a field experience. The thirty-sixth respondent did not complete the questionnaire and therefore was excluded.

Next, inquiry was made as to the value of various possible arrangements for student assignments in field placements. In general, the thirty-five directors found that both assignments to one particular job or project and/or to a variety of specific projects provided a valuable experience. The majority

indicated that simply assigning students to observe personnel was not beneficial. These findings are broken down in greater detail in Table 15.

Table 15. Arrangements For Student Assignments At Field Placements*

	VALUE OF ARRANGEMENT (N=35)			
TYPE OF PLACEMENT	MOST VALUABLE	MODERATELY VALUABLE	LEAST VALUABLE	NO RESPONSE
To Perform A Variety Of Specific Projects	10 (28.6)	11 (31.4)	3 (8.6)	11 (31.4)
To Perform Particular Job Or Project	12 (34.3)	10 (28.6)	1 (2.8)	12 (34.3)
To Observe Personnel	3 (8.6)	1 (2.9)	18 (51.4)	13 (37.1)

*The percentages shown reflect the number of program directors who responded to the individual statements shown above using the total number of respondents to the questionnaire as the denominator. Note that the thirty-five responses shown include those from five program directors whose programs do not include a field experience. The thirty-sixth respondent did not complete the questionnaire and therefore was excluded.

With respect to the preferred assignment within an actual placement, most respondents (57.1 percent) exhibited a strong preference for students having the opportunity to rotate through various departments as opposed to remaining within a single one (14.3 percent). There was also a majority opinion (51.4 percent) that the field experience is most valuable when it is scheduled during the student's senior year in the baccalaureate degree program.

Finally, respondents were queried about recommending guidelines for field experience requirements for experienced students. As mentioned earlier in this discussion, most agreed that in the case of experienced students there

may be justification for shortening the required time of either the practicum and/or the residency period; yet it should not be fully waived. While the length of previous field experience gained through either paid employment or voluntary service was cited as the major factor to consider in adjusting any placement requirement, several additional considerations were identified including:

(a) size of the facility.
(b) services provided by the facility.
(c) clients or patients served by the facility.
(d) evaluation by supervisors.
(e) quality of the experience.
(f) relation of the experience to the objectives of the current program.
(g) relation of the experience to the present goals of the student.

In addition, one respondent commented that if the experience were waived, the student should be required to complete additional course work. Other than this comment and the recommendation that field placements should, under certain specified circumstances, be shortened, no formal guidelines were advocated. There appears to be an unwillingness (or an uncertainty) among educators to develop general standards which could be more or less universally applied. Yet, to avoid or lessen the potential subjectivity and bias which are otherwise unescapable, some form of standards, even though minimal, are needed.

IV. Conclusion

In summary, the major findings from this study, based on the responses of 36 directors of active baccalaureate level health administration programs, may be highlighted as follows:

1. Only a small portion (17.1 percent) of the programs responding did not offer field experiences.

2. The objectives of the field experiences were primarily in terms of the acquisition of experience and new skills, and the acquisition of new knowledge or greater understanding of present knowledge.

3. Characteristics of the field experiences varied considerably with respect to time allotted, credits assigned, and methods of assessment. Development of a description for a typical practicum or residency could not, therefore, be justified.

4. Experiences of programs that have implemented a field experience component in their curriculum have been varied, but some commonalities were identifiable:

   a. The factors considered to be the most important in the selection of placements were the interest, present level of knowledge, and skill competencies of the students.

   b. The most frequent field placements were in acute care hospitals which also proved most likely to offer financial assistance to students.

   c. Students were exposed most frequently to institutional management during their field experience.

   d. In most cases, a faculty member was responsible for arranging the field experience.

   e. Problems encountered were related largely to the type of field experience. For practicums, the most frequent was the lack of adequate supervision; for residencies, the most frequent problem was an inadequate assignment of job responsibilities as well as difficulty in travel to the field site.

   f. The most frequent advantage perceived by students for residencies was the opportunity to acquire knowledge and skills that were not in the academic curriculum; while for practicums, it was the opportunity to apply academic knowledge and skills acquired in the classroom.

   g. The field experience component was viewed as necessary for both baccalaureate and master's level programs.

5. The most valuable field experience was considered one in which students were placed during their senior year, in one health facility for the entire field experience, and assigned a variety of projects that involved rotation through various departments.

6. No guidelines for the adjustment of the field experience requirement were identified. However, factors considered important in making adjustments in individual situations were length of previous experience; size of, services provided by, and clients of the facility; supervisor's evaluation; quality of the experience; the relationship of the experience to present goals of the student; and the objectives of the current program.

This study has served as an initial step in identifying present practices and opinions about the field experience component of health administration programs. There are many unanswered questions which remain to be researched. Examples of some areas in need of further investigation are:

1. how graduates perceive the field experience to have helped them;
2. do field experiences attain the objectives they purport to;
3. how might the problems incurred during the implementation phase of field experiences be resolved?

Hopefully, others have been able to gain some insight from this initial inquiry, and will go beyond these preliminary findings.

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APPENDIX A-1

1. OBJECTIVES CITED FOR PRACTICUMS

Acquisition Of Experience/New Skills

To observe the application of financial management and budgeting techniques.

To acquire field experience.

To provide experience in hospital management.

To observe personnel in all departments at work.

To live within an actual health care setting.

To acquire direct practical experience in a health care facility or agency.

To relate with confidence to health personnel in the various department and service areas.

To understand and experience the impact of the total community on the health institution.

To provide the opportunities to observe and compare different administrative problem-solving techniques and styles.

To provide the opportunity for participation in ongoing community programs to increase confidence by practicing his profession without carrying the full responsibility.

To complete a special project that both contributes to the organization and provides a learning experience. This must include a review of related literature.

To develop problem solving skills in a health care setting.

To demonstrate administrative leadership in a problem situation.

To develop skills and techniques necessary for achieving professional competency.

To learn how to make and receive referrals to and from a community agency.

To be able to plan and lead a team conference in client-centered planning and goal setting.

To acquire administrative skills at the high level of management, rather than at the middle management level of department heads.

To participate in nursing home-related activities in the community.

To develop a plan for implementing of management objectives.

To participate in agency and community planning councils.

To evaluate care and services in relation to accepted standards.

To develop management objectives.

To apply and develop management skills through observation and experience.

To develop qualities of leadership that will enable the future administrator to assume his rightful position in the community.

Acquisition Of New Knowledge Or Greater Understanding Of Present Knowledge

To become familiar with the philosophy, goals, organizational plan and program of voluntary and of an official agency.

To become aware of the consumer viewpoints concerning services received in relation to their needs.

To describe the organizational plan for a specific agency/facility.

To understand the function and broad scope of departmental activities.

To identify alternative administrator role models for personnel development.

To develop a personal philosophy concerning the role of administrator in the delivery of gerontological services.

To become familiar with a health care institution's environment.

To develop concepts consistent with realities.

To articulate the operational philosophy of a specific agency/facility.

To gain knowledge of how ideas, materials, and people are brought together.

To observe and understand the effects of legislation on the functioning of the health institution.

To discuss the frustrations and satisfactions of work with personnel in the home.

To increase the understanding of the administrative resident/intern in the operation and functioning of the health care organization in which he is placed.

To know the linkages which will provide for continuity of care and comprehensive health services.

To articulate a philosophy of the delivery of care/services and/or of the administrative leadership required for the implementation of the same.

To acquaint the student with the functional areas in the health care system.

To acquire the concept of responsibility or accountability at both the intellectual and emotional levels.

To provide opportunities for the student to become familiar with the health care facility operations and its supervision and guidance by learning the multiplicity of duties and responsibilities that comprise health care facility management.

To demonstrate competency through administrative experience in dealing with; (a) a personnel problem; (b) developing a policy; (c) a patient problem; (d) a planning problem; (e) evaluating a system, policy or procedure.

To be able to review client records and thereby to know their present status, the plan for delivery of care/services, the proposed goals and progress which has been made.

To learn how to communicate needs and plans for patient care and the progress to agency/facility personnel.

To be able to assess the environment influences which impinge on the patient in relation to: (a) physical barriers to activities of daily living; (b) psychological outlook; (c) independence; (d) changes in life style; (e) financial burdens; (f) changes in family relationships and social status of activity.

To work closely with the variety of professional and non-professional staff in a long term health care institution.

Assistance In The Application Of Theory

To provide the student with opportunities to test and apply the material learned in the classroom.

To integrate what students learn from classes and experience into the reality of everyday institutional administration.

To apply theoretical knowledge in a practical setting.

To apply theory, concepts, understanding, and skills in circumstances comparable to those in which the student will work in the future.

To provide the student with the opportunity to apply knowledge and theories of health care administration.

To apply classroom theory to life examples.

Affective Development

To foster an appreciation of the practical philosophy of a health facilities administration to inspire in the student an understanding of the ideals and principles that guide the preceptor relationships with the governing board, the medical staff, and other elements of the agency as well as the community at large.

To discuss the frustrations and satisfactions of living in a nursing home with at least three patients.

To discuss problems and feelings with one or two families of residents.

To develop an appreciation and thorough understanding of health facility organization as a whole well-rounded, practical experience in all departments of a hospital.

Development Of Professionalism

To know the role of various professionals and employees in assessing the physical, the psychological, and the social status of newly admitted/acquired patients.

To provide access to professional role models in the field.

To increase professional knowledge.

Diagnosis Of Knowledge And Skills

To identify personal strengths and weaknesses in order to plan continuing education.

To evaluate and further develop student competencies by application of knowledge, skills, abilities, and concepts in actual practice.

APPENDIX A-2

2. OBJECTIVES CITED FOR RESIDENCIES

Acquisition Of Experience/New Skills

To gain experience in the day-to-day decision-making process and the demands relevant to a health field.

To gain experience with the knowledge of codes, government regulations, and surveys.

To gain meaningful experience, and if possible, to attack a small scale problem.

To assist in gaining experience in a field in which one is committed already.

To gain on-the-job experience above functions of administrators.

To develop management skills.

To develop and practice administrative skills while under supervision of a qualified preceptor.

Acquisition Of New Knowledge Or Greater Understanding Of Present Knowledge

To develop an understanding of the role of various health care institutions.

To enable students to better understand theories of health care administration.

To learn by being in the administrative environment.

To review the functions of administration.

To gain knowledge and view functional departments within facilities.

To gain insight into health administration through exposure to professional associations, other people in the field, board, and committees.

Assistance In Theory Application

To put learned theory into practice.

To assist in the transition from the "academic" environment to the real world.

To provide an opportunity to apply concepts and principles studied in coursework.

To provide practical application of material presented in the classroom.

To afford practical application of theories.

Development Of Professionalism

To prepare a student professionally for an administrative position in a health care setting.

To gain accessibility to a professional role model.

To study a role model.

Assistance To Students In Career Planning

To assist the student in deciding whether a career in health care management is the correct choice for him/her.

To assist the student in determining whether health and hospital administration is the occupation for him/her.

Affective Development

To gain an appreciation for total health care team problems, for responsibilities, and the relationship to total patient care and institutional management.

Diagnosis Of Knowledge And Skills

To identify areas in which the student needs further development.